

ISSUE SLIP STAPLE AREA (for additional cross references)

Q.C.  
32/100  
NY

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | Mr       | 67814  | 2/14/00 |
| O.I.P.E. CLASSIFIER       |          | 21     | 2/18/00 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW | X        | 1615   |         |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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